



Hand-enter Your Transmittal Number

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Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRP WM 08A Bureau of Resource Protection - Watershed Management
Permit Code: 7 or 8 character code from permit instructions
NPDES Stormwater General Permit - NOI for Discharges from Small MS4s
Type of Project or Activity

B. Applicant Information - Firm or Individual

City of Westfield
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
City Hall; 59 Court Street
Street Address
Westfield MA 01085 (413) 572-6219
City/Town State Zip Code Telephone # and extension
Mark Cressotti, City Engineer m.cressotti@mail.ci.westfield.ma.us
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Westfield
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
Street Address e-mail address (optional)
Westfield MA 01085 (413) 572-6219
City/Town State Zip Code Telephone # and extension

D. Application Prepared by (if different from Section B)

Camp Dresser & McKee Inc.
Name of Firm Or Individual
100 Great Meadow Road; Suite 104
Address
Wethersfield CT 06109 (860) 529-7615
City/Town State Zip Code Telephone # and extension
Nancy Oram
Contact Person LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA file number _____
Is an Environmental Impact Report Required? yes no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? yes no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

F. Amount Due

Special Provisions:

- Fee Exempt* (city, town or municipal housing authority)(state agency if fee is \$100 or less)
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

MUNICIPAL ASSISTANCE UNIT
*There are no fee exemptions for 21E, regardless of applicant status

JUL 30 2003

Check Number _____ Dollar Amount _____ Date _____

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211

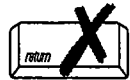


BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

A. Instructions

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Mr. Mark Cressotti, City Engineer

Name

City Hall; 59 Court Street

Mailing Address

Westfield

City/Town

MA

State

(413) 572-6219

Telephone Number

m.cressotti@mail.ci.westfield.ma.us

Email (if available)

2. Municipality Name

City of Westfield

City/Town

3. Legal Status:

Federal

City/Town

State

Tribal

Private

Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Mass Highway, Westfield State College

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes

pending

no

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT



BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

yes pending no

Note:
Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Westfield River Name	Unknown (several)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little River Name	Unknown (several)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crane Pond Name	3 (est.) Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Munn's Brook Name	3 (est.) Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Powdermill Brook Name	12 (est.) Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	siltation, pathogens, suspended solids, turbidity
Arm Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Arm Brook Detention Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ashley Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Atwater Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Barnes Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Barry Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Brickyard Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Buck Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bush Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chapin Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cook Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cooley Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Doe Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters (Cont.)

Receiving Water: Name	No. of Outfalls Number	Listed as Impaired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Impairment Specify
Fuller Reservation Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Horse Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jack's Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jim's Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Kellogg Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lily Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Manhan River	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Moose Meadow Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pequot Pond	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutrients, organic enrichment, low DO, noxious aquatic plants, and exotic species Specify
Pond Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Round Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sandy Mill Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Simmons Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spectacle Pond	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trask Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Walker Brook	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Distribute Educational Pamphlets to municipal employees and households
Specify Best Management Practice

Stormwater Coordinator and Westfield Gas & Electric
Responsible Dept./Person Name

Number of households that the pamphlet is distributed to
Specify Measurable Goal

1-2

BMP ID #

Distribute pamphlets to industries
Specify Best Management Practice

Stormwater Coordinator
Responsible Dept./Person Name

Number of pamphlets distributed to industries
Specify Measurable Goal

1-3

BMP ID #

Create and maintain stormwater website
Specify Best Management Practice

Stormwater Coordinator and IT specialist
Responsible Dept./Person Name

Stormwater web page created
Specify Measurable Goal

1-4

BMP ID #

Educate dog owners about picking up dog waste
Specify Best Management Practice

Animal Control
Responsible Dept./Person Name

Info posted on animal control website or fact sheet distributed
Specify Measurable Goal

1-5

BMP ID #

Contact local boy/girl scouts concerning volunteer projects
Specify Best Management Practice

Stormwater Coordinator
Responsible Dept./Person Name

Boy/Girl scout troop contacted
Specify Measurable Goal

1-6

BMP ID #

Update City Council on progress of SWMP activities
Specify Best Management Practice

Stormwater Coordinator
Responsible Dept./Person Name

Annual update via annual report (report also available on the City's website) and a verbal update at a televised City Council Meeting at least once during the permit term
Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Form Stormwater Advisory Committee
Specify Best Management Practice

City departments in committee
Responsible Dept./Person Name

Committee formed and 2 meetings held per year
Specify Measurable Goal

2-2

BMP ID #

Comply with state public notification guidelines
Specify Best Management Practice

All departments
Responsible Dept./Person Name

Notices posted for all meetings as required by state
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

<u>2-3</u> BMP ID # Stencil catch basins with "don't dump" message Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>25 catch basins stenciled per year</u> Specify Measurable Goal
<u>2-4</u> BMP ID # Sponsor community participation event Specify Best Management Practice	<u>Health Department</u> Responsible Dept./Person Name	<u>at least 1 event held annually - # of residents participating</u> Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # Develop ordinance for illicit connections and discharges Specify Best Management Practice	<u>Planning</u> Responsible Dept./Person Name	<u>Ordinance developed and presented to City Council</u> Specify Measurable Goal
<u>3-2</u> BMP ID # Map stormwater system, outfalls, and receiving waters Specify Best Management Practice	<u>Engineering</u> Responsible Dept./Person Name	<u>Map created</u> Specify Measurable Goal
<u>3-3</u> BMP ID # Conduct dry weather outfall screening Specify Best Management Practice	<u>Engineering and DPW</u> Responsible Dept./Person Name	<u>Number of outfalls screened</u> Specify Measurable Goal
<u>3-4</u> BMP ID # Develop & implement a plan to identify & remove non- stormwater discharges Specify Best Management Practice	<u>DPW and Engineering</u> Responsible Dept./Person Name	<u>Number of illicit connections found and removed</u> Specify Measurable Goal
<u>3-5</u> BMP ID # Investigate discharge locations of floor drains at fire dep't Specify Best Management Practice	<u>DPW and Fire Department</u> Responsible Dept./Person Name	<u>Discharge location determined, connections to MS4 removed if necessary</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID # Develop construction site E&S control ordinance Specify Best Management Practice	<u>DPW and Building/Zoning</u> Responsible Dept./Person Name	<u>Final ordinance developed and presented to City Council</u> Specify Measurable Goal
<u>4-2</u> BMP ID # Require a waste management plan at constr. sites > 1 acre Specify Best Management Practice	<u>DPW and Building/Zoning</u> Responsible Dept./Person Name	<u>Requirement developed, # of waste mgmt plans reviewed</u> Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

<u>4-3</u> BMP ID # Review site plans for stormwater impacts Specify Best Management Practice	<u>DPW, Engineering, Building/Zoning</u> Responsible Dept./Person Name	<u>Internal protocol developed, # of plans reviewed</u> Specify Measurable Goal
<u>4-4</u> BMP ID # Consider public input during project's planning phase for projects >1 acre Specify Best Management Practice	<u>Engineering and DPW</u> Responsible Dept./Person Name	<u>Number of public review and comment periods held</u> Specify Measurable Goal
<u>4-5</u> BMP ID # Inspect Erosion & Sediment Controls Specify Best Management Practice	<u>DPW, Engineering, Con. Comm. & Bldg. Inspector</u> Responsible Dept./Person Name	<u>Number of inspections conducted</u> Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID # Apply stds 2,3,4,7,9 of Mass. Stormwater Policy for projects >1 acre Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Included in Stormwater ordinance (BMP 4-1) - Presented to City Council</u> Specify Measurable Goal
<u>5-2</u> BMP ID # Specify Stormwater BMP Manual Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>BMP manual selected</u> Specify Measurable Goal
<u>5-3</u> BMP ID # Develop procedure to track and schedule maint. on BMPs Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Procedure developed to track and plan regular maintenance on private structural BMPs</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID # Conduct good housekeeping training Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Training held for staff who could potentially impact stormwater</u> Specify Measurable Goal
<u>6-2</u> BMP ID # Street sweeping Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Percent of streets swept</u> Specify Measurable Goal
<u>6-3</u> BMP ID # Roadway deicing Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Alternative deicers evaluated, Amt. of alt. deicers used</u> Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

<u>6-4</u> BMP ID # <u>Snow removal</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Install silt fence or haybales around disposal area</u> Specify Measurable Goal
<u>6-5</u> BMP ID # <u>Minimize impacts from municipal vehicle washing</u> Specify Best Management Practice	<u>Individual department heads</u> Responsible Dept./Person Name	<u>Need for add'l controls evaluated, installed (if needed)</u> Specify Measurable Goal
<u>6-6</u> BMP ID # <u>Minimize impacts from municipal vehicle maintenance</u> Specify Best Management Practice	<u>Individual department heads</u> Responsible Dept./Person Name	<u>Hazardous material inventory updated</u> Specify Measurable Goal
<u>6-7</u> BMP ID # <u>Catch basin cleaning and storm drain maintenance</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Number of CBs cleaned, condition of system recorded</u> Specify Measurable Goal
<u>6-8</u> BMP ID # <u>Park and landscape maintenance</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Obtain amts. of pesticides, fertilizers used by contractor</u> Specify Measurable Goal
<u>6-9</u> BMP ID # <u>Urban forestry program</u> Specify Best Management Practice	<u>DPW and City Engineer</u> Responsible Dept./Person Name	<u>Urban forestry program developed, # of trees planted</u> Specify Measurable Goal
<u>6-10</u> BMP ID # <u>Illegal dumping control</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Number of signs posted, number of sites cleaned up</u> Specify Measurable Goal
<u>6-11</u> BMP ID # <u>Spill prevention and response</u> Specify Best Management Practice	<u>Individual department heads</u> Responsible Dept./Person Name	<u>Number of training sessions held; number of employees attending</u> Specify Measurable Goal

7. BMPs for Meeting TMDL:

<u>N/A</u> BMP ID # There are no TMDLs developed for Westfield	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
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E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

The Honorable Richard K. Sullivan, Mayor of the City of Westfield

Printed Name

Signature

7-28-03
Date

